

3623  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Samuel I. Brandt

Docket No.: 2001P16949 US02

Serial No.: 10/051,664

Examiner: Akiba K. Robinson Boyce

Filed: 01.17.02

Group Art Unit: 3623

Title: A SYSTEM FOR PROCESSING HEALTHCARE RELATED EVENT INFORMATION FOR  
USE IN SCHEDULING PERFORMANCE OF TASKS

CERTIFICATE OF MAILING

I hereby certify that correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail on the below-indicated date in an envelope addressed to: Assistant Commissioner for Patents, Alexandria, VA 22313-1450

2 August 2005      Alexander J. Burke  
Date                      Alexander J. Burke  
Reg. No. 40,425

**Assistant Commissioner for Patents**  
**P.O.Box 1450**  
**Alexandria, VA 22313-1450**

INFORMATION DISCLOSURE STATEMENT

Sir:

The documents listed on Form PTO-1449 have been cited in co-pending commonly owned application 2003/0050797 A1 concerning similar subject matter hereby cited pursuant to 37 CFR §1.56, §1.97 and §1.98, for consideration in the examination of the above-identified application and for the purpose of having them made of record.

The Commissioner is authorized to charge the fee of \$180.00 to deposit account No. 19-2179 and any other fees associated with the filing of the paper and credit any overpayments.

Respectfully submitted,

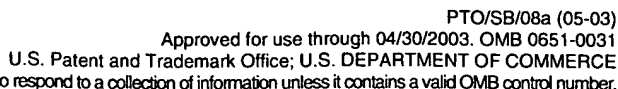
Alexander Burke  
Alexander Burke  
Reg. No.: 40,425

Date: August 2, 2005

Siemens Corporation  
Customer No. 28524  
Tel.No.: +1(732) 321 3023

08/05/2005 YPOLITE1 00000013 192179 10051664

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Substitute for form 1449A/PTO

**Complete if Known**

*(use as many sheets as necessary)*

Sheet	1	of	1
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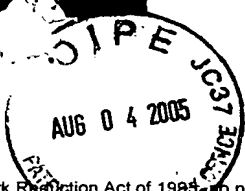
Application Number	10/051,664
Filing Date	01.17.02
First Named Inventor	Samuel I. Brandt
Art Unit	3623
Examiner Name	Akiba K. Robinson Boyce
Attorney Docket Number	2001P16949 US02

[illegible][illegible]Date  
Considered

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective 01/01/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180.00**Complete if Known**

Application Number	10/051,664
Filing Date	January 17, 2002
First Named Inventor	S. I. Brandt et al.
Examiner Name	A. K. Robinson-Boyce
Art Unit	3623
Attorney Docket No.	2001P16949US02

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 19-2179 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims**  
**Fee (\$)**      **Fee Paid (\$)****3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**Other (e.g., late filing surcharge): **INFORMATION DISCLOSURE STATEMENT FEE**

180.00

**SUBMITTED BY**

Signature	<i>Alexander J. Burke</i>	Registration No. (Attorney/Agent) 40,425	Telephone 732-321-3023
Name (Print/Type)	Alexander J. Burke		Date AUGUST 2, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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